

**ACORD. CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

**PRODUCER**

Meeker Sharkey & MacBean  
21 Commerce Drive  
Cranford, NJ 07016

908-272-8100

**INSURED**

Soc. Hill @ University Hts. III  
c/o Eastern Community Mgmt  
225 Highway 35  
Red Bank  
NJ 07701

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**COMPANY  
LETTER **A**

St. Paul Fire &amp; Marine

COMPANY  
LETTER **B**COMPANY  
LETTER **C**COMPANY  
LETTER **D**COMPANY  
LETTER **E****COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	BINDER 355764	1/01/94	1/01/95	GENERAL AGGREGATE \$ 5000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 3000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 3000000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 3000000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED. EXPENSE (Any one person) \$ 5000
					COMBINED SINGLE LIMIT \$
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> SCHEDULED AUTOS				EACH OCCURRENCE \$
	<input type="checkbox"/> HIRED AUTOS				AGGREGATE \$
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input type="checkbox"/> GARAGE LIABILITY				
	<b>EXCESS LIABILITY</b>				<b>STATUTORY LIMITS</b>
	<input type="checkbox"/> UMBRELLA FORM				EACH ACCIDENT \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				DISEASE-POLICY LIMIT \$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				DISEASE-EACH EMPLOYEE \$
A	<b>OTHER</b> Blanket Building & Contents	BINDER #355764	1/01/94	1/01/95	\$11,475,000.

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

OWNER: ROBERT SMITH AND ANGELINA A. SMITH, H/W

Fidelity Limit: \$100,000.

LOC: 25 MARROW STREET, NEWARK, NJ 07103 (16C) LOT: 16.03 BLOCK: 406

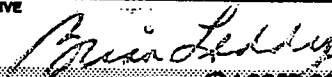
**KHOV031015****CERTIFICATE HOLDER**

K. HOVNANIAN MORTGAGE, INC.,  
THEIR SUCCESSORS AND/OR ASSIGNS,  
AS THEIR INTEREST MAY APPEAR  
ONE INDUSTRIAL WAY WEST, BLDG. D  
EATONTOWN, NJ 07724

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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ACORD 25-S (7/90)

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